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ATTORNEY DOCKET NO./TITLE FIRST NAMED APPLICANT FILING/RECEIPT DATE APPLICATION NUMBER M 12/31/98 DIMARCO 09/224.029 0242/0128 NOT ASSIGNED BRETT A CARLSON HOMEYWELL INC HONEYWELL PLAZA MN12 8251 2835 P 0 80X 524 MINNEAPOLIS MN 55440 -... **DATE MAILED:** 01/28/995

## NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

if all i	required items on th	is form are t t filed) ⊠ no	filed within the period set above, the total amount owed by applicant as a on-small entity is \$\frac{1}{2\cdot \cdot \cd	
	The statutory basic f			•
	☐ insufficient.  Applicant must subr	mit \$	to complete the basic filing fee and/or file a small entity statemen	nt claiming
□ 2.	such status (37 CFF Additional claim fee	₹ <i>1.27).</i> s of \$	, including any multiple dependent claim fees, are required.	
	\$	for	independent claims over 3.	
	\$	for	dependent claims over 20.	,* *
	\$	_for multiple of her submit th	dependent claim surcharge. ne additional claim fees or cancel additional claims for which fees are due.	
<ul><li>☑ 3.</li><li>☑ 4.</li></ul>	is missing or under does not cover does not identifed does not include An oath or declarate the above Application. The signature(s) to	executed. ) the newly su y the applica e the city and ion in compli- ion Number a the oath or contact oath or declar	tion to which it applies.  d state or foreign country of applicant's residence.  iance with 37 CFR 1. 63, including residence information and identifying the applicand Filing Date is required.  declaration is/are by a person other than inventor or person qualified under 37 CF  ration in compliance with 37 CFR 1.63, identifying the application by the above	
□ 5	. The signature of the	following joi	int Inventors) is missing from the oath or declaration:	
	inventor(s), identify	ring this appli	nance with 37 CFR 1.63 listing the names of all inventors and signed by the orbit ication by the above Application Number and Filing Date, is required.	led
□ 6	A \$50 00 processing	a fee is reaui	ired since your check was returned without payment (37 CFR 1.21(m)).	v -
□ 7	'. Your filing receipt w	as mailed in	error because your check was returned without payment.	
□ <b>8</b>	3. The application doe See attached "Notice	s not comply e to Comply	with the Sequence Rules.  with Sequence Rules 37 CFR 1.821-1.825."	
	O. OTHER:	•		
		uestions abo	out this notice to "Attention: Box Missing Parts."	
. 17			of this notice MUST be returned with the reply.	

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